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Attorney's Docket No.: 04860.P2667

Patent

In re the Application of: Steven P. Jobs, et al.
(inventor(s))

Application No.: 10/035,417

Filed: November 8, 2001

For: COMPUTER CONTROLLED DISPLAY DEVICE

(title)

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR: Transmitted herewith is an Amendment for the above-referenced application.

 Applicant claims small entity status. See 37 CFR 1.27.

 X No additional fee is required.

The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|---|-----------------------------|----------|---------------------------------|---------------|----------------|----------------|---------------------------|----------------|
| | Claims Remaining After Amd. | | Highest No. Previously Paid For | Present Extra | Rate | Additional Fee | Rate | Additional Fee |
| Total Claims | 15 | Minus | 188 | 0 | X9 | \$ | X18 | \$ 0 |
| Indep. Claims | 1 | Minus | 12 | 0 | X42 | \$ | X84 | \$ 0 |
| <div><input type="checkbox"/></div> First Presentation of Multiple Dependent Claim(s) | | | | | +140 | \$ | +280 | \$ |
| | | | | | Total Add. Fee | \$ | Total Add. Fee | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on September 11, 2003
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_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
_____ 37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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X _____ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

X _____ Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: September 11, 2003

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